4-38 5-20 573 13	I TA INTA	THE DIVISION OF HE		Ī	2092
- Pacs JAN	N 19 1950	STANDARD CERTIF		State File No  59.71 Registrar's No	, <del>-</del>
BIRTH NO		_ REG. DIST. NO. 2.82		E (Where deceased lived. If inst	
1. PLACE OF DEA a. COUNTY	.TH		a. STATE	b. COUNTY	itution: residence befo admission
a. cooks r	1k		Missour		Polk , 5 //
b. CITY (If outside cor	rporate limits, write R	CURAL and give   C. LENGTH OF		limits, write RURAL and give town	this) UCTY
OR TOWN		township) STAY (in this place)	Town "Rural"	Marion Two.	٦,
TOWN truma 1	If not in hospital or i	natitution, give street address or location)	d, STREET (II	rural, give location)	
HOSPITAL OR INSTITUTION			ADDRESS 1 mile	e east of Bolivar	•
	(7)	h. (Middle)	c, (Last)		
3. NAME OF DECEASED	a. (First)	p. (Briddle)	, ,	4. DATE (Month) OF	(Day) (Year)
(Type or Print)	Ida 🚟		Kukal '	DEATH Jan	<u>3 1950</u>
5. SEX 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9, AGE (In years) IF UNDER	1 YEAR   DE UNDER 24 HRS
female	white	married *	Sept. 27. 1877	72	
IOa. USUAL OCCUPATIO		10b, KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or for		12. CITIZEN OF WHA
done during most of workit	ng life, even if retired)	DUSTRY		. ${\cal U}$	COUNTRY?
<u>housewife</u>		1	Sworborne,	Mo Mo	
3a. FATHER'S NAME		136. MOTHER'S MAIDEN	I NAME 14.	NAME OF HUSBAND OR WIF	<u> </u>
Abraham k	Kilts	Mary E I	akev	Frank A. Kukal	
15. WAS DECEASED EVE	ER IN U.S. ARMED		17. INFORMANT'S S	IGNATURE OR NAME	ADDRESS
(Yee. no. or unknown) (If	yes, give war or dates	none	Frank A. K	ukal R	olivar. Mo
no l			CERTIFICATION	<u> </u>	I INTERVAL BETWEEN
18. CAUSE OF DEATH Enter only one cause per	I I, DISEASE OR C	CANDITION	<i></i>	•	ONSET AND DEATH
line for (a), (b), and (c)	DIRECTLY LEAD	DING TO DEATH*(a)	Senilly:		- - <del></del>
<del></del>	ANTECEDENT C	MISES	111 0 +		
*This does not mean the mode of dying, such		ns, if any, giving DUE TO (b) cause (a) stating	Mathuttla	0H	_
	rise to the above of	cause (a) stating		**** * * ** * * * * ***	<b>.</b>
as heart failure, asthenia, 🛭	The to the doore				1
etc. It means the dis-	the underlying ca				( )
etc. It means the dis- case, injury, or complica-		DUE TO (c)			
etc. It means the dis- case, injury, or complica-	II. OTHER SIGNI	DUE TO (c)			794
	II. OTHER SIGNI  Conditions contri related to the disea	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not ase or condition causing death.			7944
etc. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA-	II. OTHER SIGNI  Conditions contri related to the disea	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not		The second of th	794X 20. AUTOPSY?
etc. It means the dis- case, injury, or complica- tion which caused death.	II. OTHER SIGNI  Conditions contri related to the disea	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not ase or condition causing death.		The state of the s	794X 20. AUTOPSY? YES Q NO G
etc. It means the discase, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE	II. OTHER SIGNI  Conditions contri related to the disea	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not ase or condition causing death.	21c. (CITY TOWN OR TOW		_
etc. It means the discase, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE	II. OTHER SIGNI Conditions contri related to the dise. 19b. MAJOR FIN	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not ase or condition causing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	100	NSHIP) (COUNTY)	YES D NO (STATE)
etc. It means the discase, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month)	II. OTHER SIGNI Conditions contri related to the dise.  19b. MAJOR FIN  (8pecify)	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not  ase or condition causing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about  home, farm, factory, street, office bldg., etc.)  (Hour) 21e. INJURY OCCURRED		NSHIP) (COUNTY)	YES D NO (STATE)
etc. It means the discase, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE	II. OTHER SIGNI Conditions contri related to the dise. 19b. MAJOR FIN	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not ase or condition causing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	100	NSHIP) (COUNTY)	YES D NO (STATE)
etc. It means the discase, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME OF INJURY  (Month)	II. OTHER SIGNI Conditions contri related to the dise.  19b. MAJOR FIN  (Specify)  (Day) (Year)	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not use or condition causing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  (Hour) 21e. INJURY OCCURRED  WHILE AT WORK  the deceased from MTC.	21f. HOW DID INJURY OCC	NSHIP) (COUNTY)	(STATE)
etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify	II. OTHER SIGNI Conditions contri related to the dise.  19b. MAJOR FIN  (Specify)  (Day) (Year)	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not use or condition causing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  (Hour) 21e. INJURY OCCURRED  WHILE AT WORK  the deceased from MTC.	21f. HOW DID INJURY OCC	NSHIP) (COUNTY)	YES NO (STATE)
etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify alive on	II. OTHER SIGNI Conditions contri related to the dise.  19b. MAJOR FIN  (Specify)  (Day) (Year)	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not  ase or condition causing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about  home, farm, factory, street, office bldg., etc.)  (Hour)  21e. INJURY OCCURRED  WHILEAT NOT WHILE  WORK NOT WHILE  AT WORK  49, and that death occurred at	21f. HOW DID INJURY OCC 21f. HOW DID INJURY OCC 21f. HOW DID INJURY OCC 21f. HOW DID INJURY OCC 21f. HOW DID INJURY OCC	NSHIP) (COUNTY)	(STATE) st saw the deceased above.
etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify	II. OTHER SIGNI Conditions contri related to the dise.  19b. MAJOR FIN  (Specify)  (Day) (Year)	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not use or condition causing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  (Hour) 21e. INJURY OCCURRED  WHILE AT WORK  the deceased from MTC.	21f. HOW DID INJURY OCCUPATION OF THE CO. 23b. ADDRESS	COUNTY) CUR?  S, 19 MA, that I law cruses and on the date state	(STATE)  set saw the deceased above.  23c. DATE SIGNE
etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify alive on 123a. SIGNATURE	II. OTHER SIGNI Conditions contri related to the dises  19b. MAJOR FIN  (Specify)  (Day) (Year)  that I attended	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not  ase or condition causing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about  home, larm, lactory, street, office bldg., etc.)  (Hour)  21e. INJURY OCCURRED  WHILEAT NOT WHILE  WORK  AT WORK  the deceased from ATC  (Degreese title)	21f. HOW DID INJURY OCCUPATION OF THE COLUMN AND ADDRESS  Boliva	NSHIP) (COUNTY)  CUR?  S, 19 MG, that I law  auses and on the date state  r. Mo	(STATE)  st saw the deceased above.    23c. DATE SIGNE
etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify alive on Late 23a. SIGNATURE	II. OTHER SIGNI Conditions contri related to the dises 19b. MAJOR FIN  (Specify)  (Day) (Year)  that I attended  24b. DATE	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not  ase or condition causing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about  home, larm, lactory, street, office bldg., etc.)  (Hour)  21e. INJURY OCCURRED  WHILEAT NOT WHILE  WORK  AT WORK  the deceased from ATC  (Degreese title)	21f. HOW DID INJURY OCCUPATION OF THE COLUMN AND ADDRESS  Boliva	COUNTY) CUR?  S, 19 MA, that I law cruses and on the date state	st saw the deceased above.    23c, DATE SIGNE   1/3/50
etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify alive on	II. OTHER SIGNI Conditions contri related to the dise.  19b. MAJOR FIN  (Specify)  (Day) (Year)  that, I attended  19 4  245. DATE	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not  ase or condition causing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about  home, farm, factory, street, office bldg., etc.)  (Hour)  21e. INJURY OCCURRED  WHILEAT NOT WHILE  WORK  the deceased from ATC  (p, and that death occurred at  (Degrees title)  24c. NAME OF CEMETE	21f. HOW DID INJURY OCCUPATION TO THE COMPANY OF CREMATORY 124d.	NSHIP) (COUNTY)  SUR?  S, 19 M, that I law  r. Mo.  LOCATION (City, town, or county)	st saw the deceased above.    23c. DATE SIGNED
etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify alive on 123a. SIGNATURE  24a. BURIAL. CREMENTION, REMOVAL (Breen burial	II. OTHER SIGNI Conditions contri related to the dise.  19b. MAJOR FIN  (Specify)  (Day) (Year)  that I attended  24b. DATE  Jan 5	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not  ase or condition causing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about  home, farm, factory, street, office bldg., etc.)  (Hour)  21e. INJURY OCCURRED  WHILEAT NOT WHILE  WORK  the deceased from ATC  (p, and that death occurred at  (Degrees title)  24c. NAME OF CEMETE	21f. HOW DID INJURY OCCUPATION TO THE COMPANY OF CREMATORY 124d.	NSHIP) (COUNTY)  SUR?  S, 19 M, that I law  r. Mo.  LOCATION (City, town, or county)	st saw the deceased above.    23c. DATE SIGNED
etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify alive on 23a. SIGNATURE  24a. BURIAL. CREM	II. OTHER SIGNI Conditions contri related to the dise.  19b. MAJOR FIN  (Specify)  (Day) (Year)  that, I attended  24b. DATE  Jan 5.  L REGISTRARS	DUE TO (c)  IFICANT CONDITIONS  ibuting to the death but not  ase or condition causing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about  home, farm, factory, street, office bldg., etc.)  (Hour)  21e. INJURY OCCURRED  WHILEAT NOT WHILE  WORK  the deceased from ATC  (p, and that death occurred at  (Degrees title)  24c. NAME OF CEMETE	21f. HOW DID INJURY OCCUPATION TO THE CONTROL OF CREMATORY 24d.	CUR?  CUR?  CUR?  CUR?  A 19 14, that I law auses and on the date state  COCATION (City, town, or could be seen auser)  BOLIVAT  S SIGNATURE  A	st saw the deceased above.    23c. DATE SIGNED   1/3/50   (State)

LEB 8 18Eau

## RECEIVED District Health Officer No. 7, District File Number 12.49.1969 Date Filed

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_\_

working under my personal supervision.

working under my personal supervision.

Student ...... Student Embalmer

Dusto State fin

Licensed Embalmer No.

P. O. Address Bolivar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.